

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3		1				
4		1				
5		2				
6		3				
7		3				
8		2				
9		3				
10		3				
11		3				
12		1				
13		1				
14		1				
15		1				
16		2				
17		1				
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50						
TOTAL IND.	18					
TOTAL DEP.	18					
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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TOTAL CLAIMS						